



William Fox
Tax Collector
 100 The Mall at Steamtown, Unit 216
 Scranton, PA 18503

2017

BUSINESS PRIVILEGE & MERCANTILE TAX RETURN

SINGLE TAX OFFICE

570-963-6756, Opt. 6 - Office Hours: 8:30-4:30

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund & collection of local taxes by calling our office or on our website: www.scrantontaxoffice.org

**BUSINESS PRIVILEGE & MERCANTILE RETURN
 CITY OF SCRANTON & SCRANTON SCHOOL DISTRICT**

REMIT & MAKE PAYABLE TO:
COLLECTOR OF TAXES
Business Privilege & Mercantile
 P. O. BOX 1338
 SCRANTON, PA 18501

1. Owner's Name: _____
 Address: _____
2. Type of Business: _____
3. Federal ID Number: _____
4. Telephone Number: _____
5. Date Business Started: _____

Account Number: _____

Gross Receipts for Year Ended: **2016**

Return Due Date: **4/18/17**

Taxing Authority: SCRANTON SCHOOL DISTRICT

	Wholesale	Retail	Services	Total
6. Total Gross Receipts				
<i>Tax Rate</i>	0.000452	0.000679	0.005130	
7. Tax				
8. Deduct \$5.00*	\$5.00 Deduct On Services Only			
9. Net Tax Due				
10. Int. & Penalty 1%/month				
11. Total Tax Due				

Taxing Authority: CITY OF SCRANTON

	Wholesale	Retail	Services	Total
12. Total Gross Receipts				
<i>Tax Rate</i>	0.001000	0.001000	0.001000	
13. Tax				
14. Int. & Penalty 1%/month				
15. Fees				
16. Total Tax Due				
17. <input type="checkbox"/> Check Attached <input type="checkbox"/> Cash <input type="checkbox"/> Paid On-line (If paying on-line, you still must file this form and all attachments)				
(Add lines 11 & 16) GRAND TOTAL TAX DUE:				
<i>Pay online with eCheck or Credit or Debit Card (fee charged) at our website: www.scrantontaxoffice.org</i>				

*\$5.00 if Scranton LST paid for owner(s) - not employees - service classification only.

DATE: _____

DATE: _____

TAXPAYER SIGNATURE

I DECLARE UNDER PENALTIES PROVIDED FOR BY LAW THAT I HAVE EXAMINED THIS COMPLETE RETURN AND IT IS TRUE AND CORRECT.

Name: _____

Title: _____

Address: _____

Telephone: _____

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

I DECLARE UNDER PENALTIES PROVIDED FOR BY LAW THAT I HAVE EXAMINED THIS COMPLETE RETURN AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name: _____

Title: _____

Address: _____

Telephone: _____

Filing will be considered incomplete if proof of gross receipts (Sch. C, E, etc.) are not included with the tax return, which may result in additional fees.